

BENNINGTON KANSAS 67422
785-488-3767
cityclerk@cityofbennington.com

Authorization Agreement for Direct Payments (ACH)

I hereby authorize the City of Bennington to initiate debit entries to my checking account.

(choose one) _____ 1st Friday of the month (or the first business day after)
_____ 15th of the month (or the first business day after)

START

(choose one) _____ Next possible billing cycle
_____ Date of my choice- Date _____

Bank Name: _____

City _____ State _____ Zip code _____

Routing Number _____ (9 digits)

Account Number _____

Please attach a voided check or deposit slip with the above information

*I understand that if funds are not available in my account or the payment is rejected by my banking institution, that a \$30.00 fee will be charged and will be put on a "cash only" basis required to pay with cash, money order, or credit/debit card for 6 months.

Transactions will comply with the provisions of U.S. Law.

This authorization is to remain in full force and effect until the City of Bennington has received written notification from me of its termination in such time and in such a manner as to afford the City of Bennington and named bank to act upon it.

Printed Name _____ Date _____

Signature _____

Office Use
Account number _____